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.100 GENERAL STATEMENT OF POLICY

Each community service board must have reimbursement policies and procedures that specifically address ability to pay. The form of ability determination is at the discretion of each Board. No client will be denied services due solely to financial considerations; however, it is essential that CSBs differentiate between those clients who are actually unable to pay (even the fees based on ability to pay) and those clients who possess the necessary resources but choose delinquency rather than the payment of a reasonable charge for services rendered.

Ability to Pay processes involve first charging the client for the services provided and then reducing the original charge based on established policy at the CSB. Such a policy should base discounts of charges on household income and routine household expenses. It is important that all clients be treated in a consistent manner.

.200 FINANCIAL INTAKE

The registration of clients is when the collection process is initiated. All pertinent client financial information should be obtained during the financial intake interview. Information considered pertinent includes, but is not limited to:

- A. Client's full name
- B. Client's social security number
- C. Client's home address and telephone number
- D. Client's employer's address and telephone number
- E. Client's insurance information along with a copy of the insurance card
- F. If the client is a minor, additional information should also include the parent's social security number
- G. Income verification

This information should be updated on an annual basis or whenever changes to the client's financial situation occur.

.210 INTERVIEW TECHNIQUES

Financial interviews should be conducted at the initial client visit to the center whenever possible. In emergency situations, the interview should be conducted as early on in the therapy as possible, when the client is able to provide such information.

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Financial interviews should always be held in a private office whenever possible and should also be completed in a professional manner to promote and assure client dignity.

Questions should be asked in such a manner as to encourage the client/responsible party give more than a "yes" or "no" answer, when possible. For example,

Ask - "Where do you work?", rather than "Do you work?"

Ask - "What insurance do you have?", rather than "Do you have insurance?" or "You don't have insurance, do you?"

There are also several forms that need to be signed during the intake process. These forms are listed below along with a brief description of each.

1. Assignment of Benefits Form - This allows payment from third-party carriers to be sent directly to the Community Services Board.
2. Release of Medical Information Form - This allows the Community Services Board to release medical information to third-parties when there is a question whether benefits will be payable for services rendered.
3. Financial / Payment Agreement - This allows the Community Services Board to pursue collections for five (5) years.
4. Freedom of Choice – This provides evidence that the CSB has given the client freedom of choice in seeking medical care from any other qualified provider, as well as, assure the client's freedom to reject medical care and treatment.

Clients have the right to make informed decisions regarding the services they receive and ultimately their payment responsibility. Therefore, it is recommended that clients be made aware of the fact their insurance will not cover specific providers and/or specific services. To protect the provider from liability, there needs to be evidence of the client's knowledge and advanced notification that specific providers and/or services are not covered. Therefore, a waiver of liability form should be signed by the client.

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.300 FINANCIAL INTAKE FORM (SAMPLE)

CSB FINANCIAL INTAKE FORM

Client Account #: _____

[] New - Date: _____

[] Update - Date: _____

Client Information:

Client Name: _____

Social Security #: _____

Client Address: _____

Date of Birth #: _____

Home Telephone #: _____

Employer: _____

Work Telephone #: _____

Responsible Party Information:

Responsible Party Name: _____

Social Security #: _____

Address: _____

Home Telephone #: _____

Work Telephone #: _____

Employer: _____

Relationship To Client: _____

Spouse / Parent Information: [] Spouse [] Parent

Name: _____

Social Security #: _____

Address: _____

Home Telephone #: _____

Employer: _____

Work Telephone #: _____

Insurance Information:

Medicaid #: _____

Effective Date: _____

[] Primary [] Secondary [] Tertiary Coverage

[] QMB Only [] QMB Extended [] Not Applicable

Medicaid Waiver Patient Pay Amount: \$ _____

Effective Date: _____

Medicare #: _____

Effective Date: _____

[] Primary [] Secondary [] Tertiary Coverage

Commercial Insurance

Insurance Co. Name: _____

Effective Date: _____

[] Primary [] Secondary [] Tertiary Coverage

Policy Holder Name: _____

Policy #: _____

Group #: _____

Insurance Co. Address: _____

Insur. Co. Telephone #: _____

Pre-Authorization Required: [] Yes [] No

Insurance Co. Name: _____

Effective Date: _____

[] Primary [] Secondary [] Tertiary Coverage

Policy Holder Name: _____

Policy #: _____

Group #: _____

Insurance Co. Address: _____

Insur. Co. Telephone #: _____

Pre-Authorization Required: [] Yes [] No

Income Information:

Total Gross Monthly Household Income: \$ _____

Total Gross Annual Household Income: \$ _____

Number of Family Members in the Household: _____

I certify that the above information is true and accurate. I agree to notify the CSB immediately of any changes in this information that may occur during the course of treatment.

Client Signature/Responsible Party

Date

CSB Staff Name: _____

Date of Next Financial Review: _____

Attachments Required: [] Income Verification [] Income Worksheet [] Copy (Front & Back) of ALL Insurance Cards

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.310 Advance Beneficiary Notice -SEE APPENDIX A

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.320

**WAIVER OF LIABILITY FORM
(SAMPLE- ONLY)
(Payment Options Should Be Based on Board Policy)**

Client Name: _____ Account #: _____

[] I am aware I will be receiving services from a provider that my insurance company has defined as not being a
_____ reimbursable provider. I understand these services cannot be billed to my insurance company. I agree to pay at
Initials the time of service an amount which is determined by the Board's ability-to-pay mechanism.

[] I am aware I will be receiving services from a provider that my insurance company has defined as not being a
_____ reimbursable provider. I understand these services cannot be billed to my insurance company. As a result, the
Initials CSB will not charge me for the services not covered by my insurance company when rendered by this provider:
_____(Provider Name)

[] I am aware I will be receiving services from an intern and that my insurance company has defined him/her as
_____ not being a reimbursable provider. I understand these services cannot be billed to my insurance company. As
Initials a result, the CSB will not charge me for the services not covered by my insurance company when rendered by
an intern.

[] I wish to be placed on a waiting list until a provider defined as being reimbursable becomes available.

Initials

[] I wish to seek services from another provider who my insurance company has defined as being reimbursable
_____ provider.
Initials

[] I am aware I will be receiving services that are not covered by my insurance company. I agree to pay at the
_____ time of service an amount which is determined by the Board's ability-to-pay mechanism. (List services or
Initials attach list)

I have been notified of the possibility that my insurance company will deny payment for services identified above, for the reasons stated. I agree to being responsible for payment as indicated above.

Client Signature

Date

Witness' Signature

Date

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.400 FEE ASSESSMENT METHODOLOGY

At the initial financial intake, the intake/reimbursement clerk should complete the questionnaire as completely as possible. To determine the fee that will be assessed, only two items from the questionnaire should be considered:

1. household income; and
2. number of family members in the household.

Household income is defined by the family unit. It is made up of all the people dependent on the same income. This would include parents, minor children, full time students (if the support is coming from the parents), handicapped children (not able to provide for their own support), or other minor children that is in legal guardianship of parents. A child that is of a majority and is no longer a student or handicapped is a separate family unit. An emancipated child is a separate family unit. A handicapped child that receives SSDI, SSI or other funds as a result of their disability is a separate family unit. A parent or other person of majority residing in the home is a separate family unit even if they have no income at the present time.

The questionnaire should be completed for all clients regardless of third-party coverage. If the client has coverage, the fee assessment will not apply to any covered service. The client will be responsible for any co-payments and/or deductibles as outlined on the explanation of benefits.

.410 INCOME/EMPLOYMENT VERIFICATION

Income should be verified on all clients. This will help ensure that clients receive the amount of assistance they actually need and only clients in need of assistance actually qualify. Verification can be in the form of several recent paycheck stubs, tax forms, W-2 forms, copies of assistance program or retirement checks. Additionally, in accordance with § 60.2-114 (C) and § 60.2-623(B) client employment and wage information can be obtained online through the Virginia Employment Commission for a nominal fee. Online access can be obtained by contacting:

Manager of Customer Service
Virginia Employment Commission
Post Office Box 1358
Richmond, Virginia 23211
(804) 786-4359

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.420 CLINICIAN INVOLVEMENT

The clinician is an important component of the ability to pay process. Using their relationship with the client, they can assist with making the client pay the assessed amount, determining changes in clients' financial status, and assisting the client with an appeal. The clinician should emphasize that payment is a part of the client's responsibility, and is a part of his/her therapy. The clinician should take a small part of the session

to discuss past due balances, circumstances that may be affecting payment, and positive or negative changes in the client's financial status. This information shall be relayed to the reimbursement office.

.500 FINANCIAL RECORDS

Client financial records shall be complete and updated at least annually and maintained in a lockable file cabinet free from unauthorized use, alteration or destruction. The financial record should contain the following:

1. Financial questionnaire/intake
2. Signed assignment of benefits and release of information form(s)
3. Income verification
4. Signed payment agreement
5. Copies of third party payer cards
6. Third-party verification
7. Collection letters, if applicable
8. Other related correspondence

Maintaining accurate financial records leads to a more effective reimbursement or accounts receivable system that provides for a realistic financial assessment and has a positive impact on collection of fee revenue.

.600 PAYMENT

Payment should be collected at the time service is rendered. A client who requests new and/or additional services and has a previous "open" account which has become delinquent, should be requested to pay the "open" balance in full prior to receiving any new and/or additional services. The only exception should be with those clients who present in crisis. Ideally, clients should pay at the time of service. If this is not possible, suitable payment arrangements should be made. Payments should be scheduled at least monthly, and a payment notice or bill should be sent. Prompt contact should be made with the client if a payment is missed.

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While installment payments are not encouraged for paying client balances, they are at times unavoidable. When installment payments must be used, the reimbursement office should take the initiative to offer a payment plan that will settle the account in the shortest time possible. All installment payment agreements should be in writing and signed by the client. The agreement should outline the terms for payment and inform the client of the consequences should he/she become delinquent (i.e., debt set-off).

.700 APPEAL PROCESS

If a client appeals his/her fee assessment, a more in-depth review of the financial questionnaire should be performed. Allowances should be made for the following monthly expenditures (this is not an all inclusive list):

1. housing (main residence);
2. utilities (gas, water, electricity, trash);
3. basic telephone (no long distance or special functions);
4. reasonable food;
5. medical bills; and
6. transportation

After these expenses are deducted from the household income, the client should be placed on the fee scale and a new assessment should be completed.

All appeals should be approved by the Fiscal Administrator or his/her designee. In cases where an appeal is requested for clinical reasons, input from the Clinical Director should be obtained.

.800 MINIMUM FEES

All CSBs should set a reasonable minimum fee that will produce revenue and be cost-effective. While circumstances of hardship should be considered on an exception basis, a reasonable minimum fee of \$5 per visit is recommended.